



McInney Docket No. 5649-970DV

Fee Only

IFU

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Oh et al.

Application Serial No.: 10/686,421

Filed: October 15, 2003

For: **METHODS FOR MANUFACTURING INTEGRATED CIRCUIT DEVICES
INCLUDING AN ISOLATION REGION DEFINING AN ACTIVE REGION
AREA**

Examiner: Samuel A. Gebremariam

Group Art Unit: 2811

Confirmation No.: 7286

November 15, 2004

Mail Stop Amendment

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

Applicant provides the present response to address the issues raised in the Office Action mailed September 23, 2004 ("the Office Action").

If any extension of time for the accompanying response or submission is required, Applicant requests that this be considered a petition therefor. The Commissioner is hereby authorized to charge any additional fee, which may be required, or credit any refund, to Deposit Account No. 50-0220.

Amendment to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

11/24/2004 CPARIS 00000005 500220 10686421

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/686421

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|--------------|--------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = * | |
| INDEPENDENT CLAIMS | minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐OR OTHER THAN
SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 395.00 | OR | BASIC FEE | 790.00 |
| X\$ 9= | | OR | X\$18= | |
| X44= | | OR | X\$8= | |
| +150= | | OR | +300= | |
| TOTAL | | OR | TOTAL | |

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 17 | Minus ** 20 | = |
| Independent | * 4 | Minus *** 3 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X44= | | OR | X\$8= | \$88 |
| +150= | | OR | +300= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X44= | | OR | X\$8= | |
| +150= | | OR | +300= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | |
| Independent | * | Minus *** | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X44= | | OR | X\$8= | |
| +150= | | OR | +300= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1